

CLAIMS ONLY

Application Number

10-731784 3-1705
Applicant(s)

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | May be used for additional claims or amendments | | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total | 3 | | | | | | | | | | | |
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| Total Depend | 17 | | | | | | | | | | | |
| Total Claims | 20 | | | | | | | | | | | |
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